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VR ALSME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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		ISTICAL RESEA	RCH AND RECORDS	S, 301 W. PRESTON	STREE	T, BALTIMORE	1, MARYLAN
	16177	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	1617
3	DI ACC DE DEATH			II a DOMAL DECEMBER	(D)		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN

a. COUNTY		a. STATE	b. COUN	ITY
St. Mary's	MARYLAND	II and an		
b. GITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 15	c. CITY OR TOWN (If out	iside corporete limits, wi	ite RURAL and give nearest town)
Patuxent River	11/2 years	Lexington	Park	18.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp)	tal, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Station Hospital, USDAS, 1	Patuxent Ri	wer 38 W. I	Rennell	YES NO E
3. NAME DF First DECEASED	Middle	Last 4	DATE Month	Day Year
(Type or print) Arthur Wayne	ADAMS		DEATH Novemb	er 10 1966
	NEVER MARRIED	8. DATE OF BIRTH		TELINDER 1 YEAR HE UNDER 24 HRS
Male Caucasion WIDOWED	DIVORGED [11 APR 1946	20 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KiND during most of working life, even if retired) INDU	OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	S. Navy	Indiana		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
William Earl Adams		Hartha Har	Remsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	HAL SECURITY NO. 17.	INFORMANT	Addres	53
YES (2 MAY 64-Prest 376	he zerli Pa	rsonnel offi	an IIS AS T	CAYRTVIO
18. CAUSE OF DEATH [Enter only one cause per line i	48 3814 Pe	rsonner offi	ce, obsab, i	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: + .	1111 17 10 1	e Extreme		ONSET AND DEATH
State X	les .			Immediate
Conditions, if any, which				
gava rise to immadiate				
causa (a), stating the DUE TO				- 1
Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	ATA BEATH BUT HAT BE	TER TOTIL TERMINAL BIRT	ARE CANDITION SIVEN IN	PART 1(a) 19. WAS AUTOPSY
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. Airci	IG TO DEATH BUT NOT KED	ATED TO THE TERMINAL DIST		PERFORMED?
208. EXTERNAL CAUSE WAS 20b. DESC	CRIBE HOW INJURY OCCI	URREO. (Enter nuture of In	Jury In Pert I or Part II o	
PRIMARY TO OF CONTRIBUTING A	raft accide	nt		
3 20c. TIME OF INJURY Month, Day, Year 20d. INJU	RY OCCURRED 200. PLA	CE OF INJURY (Home, farm,	, 20f. (City or town)	(County) Maryland
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour e.m. While at works.	Not While	ory, street, office bldg., etc.)	Patuxent B	
21. I certify that I took charge of the remain		11 100		iry and in my opinion
	-		Undetermined	
death resulted from: Natural causes [],	Accident Su	icide , Homicide		manner
ACTUAL ACTUAL	alan 1918	M.D. ASSISTANT MEDIC		22, DATE SIGNED
SIGNATURE	Alua bala	M.D. ASSISTANT MEDICAL		10 NOV 66
EXAMINER'S IN STATE	Wm D Bo	W N	Ity, town, or county) US	SNAS, PAXRIVMD
238. BURIAL CREMATION (23b. DATE THEREOF 2	3c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
Bureal Nov. 15, 1966	Arlington No	rtional 25a. REC'D	Arlington, BY REGISTRAR 250. RI	EGISTRAR'S SIGNATURE
W. Clarke Mattingley Leonard	Hours Manula	and DATE NO	V 1 6 1966	Milarles Judge
"The transfer Leville	wing invegor	Balle M	T U IUUU	A CONTRACTOR

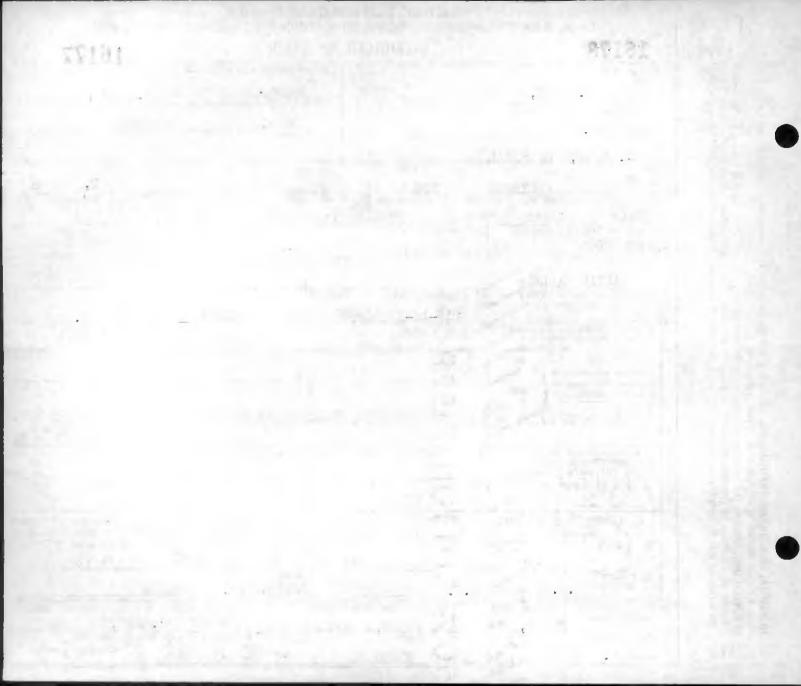
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1617	8		CER	RTIFICATE	OF	DEATH			11	617	7	
	1. PLACE OF DEATH o. COUNTY						UAL RESIDENCE (Y	Where dec	eosed lived, if institu		nce before	e odmissi	on)
		ST. MARY.S		L IFMETH OF	MARYLAND	cir	MARYLA	ND		T MA	RY S		
	b. CITY OK TOWN write RURAL a	(If outside corporate limit nd give nearest town)	5,	c. LENGTH OF S	SIAY IN ID	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	LEONARI	TIAL OR INSTITUTION (If n				RURAL DAMERON A							DEWEE
0		ARY S HOSPI		give street oddres	5)	d. 511	REET ADDRESS					ON A F	ARM?
	3. NAME OF		irst	Middl	e		Lost	4. DAT	E Mo	nth	Doy	Ye	Ġr .
	(Type or print)	MYR	PLE	EVELY	N	87	T.EN	OF DEA	TH NOVEME	FP	2,	19	56
	S. SEX	6. COLOR OR RACE	7. MARRIED				OF BIRTH		9. AGE (In years lost birthday)	IF UNDER	1 YEAR		R 24 HRS.
	FEMALE	NEGRO	WIDOWED	DIV.	ORCED	12/	23/1922		43 Yrs.	months	Doys	Hours	Min.
	10o. USUAL OCCUPATIO	ON (Give kind of work done		ND OF BUSINESS DUSTRY	OR	11.8	IRTHPLACE (County	& Stote, or	r foreign country)		OTIZEN OF	TAHW	
	HOUBEKEE!	ER		OMESTIC			MARYLAI				USA		
	13. FATHER'S NAME					14. N	OTHER'S MAIDEN	NAME					
	ALV	IN ALLEN					LUCY	YOUNG	1				
	15. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? {If yes give wor or dotes	ló.	SOCIAL SECURITY	NO. 17. I	NFORM	ANT		Add	ress			
	NO NO	I the glas was or going	DI SEIVILE)	218-16-3	3339 MR	S S1	HIRLEY	BENM	RTT DA	MERON	Md		
	Conditions, if on rise to immedia stoting the und lost.	te couse (o), [Dus	TO (b)	ave	ord							SET AND	la o
2	PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NO	OT RELATED TO 1	HE TERI	MINAL DISEASE CO	NDITION G	GIVEN IN PART 1(a)			WAS AUT PERFORM ES	OPSY NO K
	OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJU	JRY OCCURRED.	(Enter n	oture of injury in	Port I or I	Port II of item 18.)				
	원 Hour d	JURY Month, Doy, Yeor J.m. 19	20d. II While of worl				IJURY (Home, forn et, office bldg., etc.		f. (City or town)	(C	ounty)		(Stote)
	saw the	tify that (1) (this had deceased alive an_	spitol) otten	ded the deced	ased from ond that	deat	n accurred at	123	M, from cause	s and on	the dat	e stote	we) is d above
	22o. SIGNATUR	(NJ4.	Palm	reh	TW). PH		MED. DIRECTOR	STAFF PHYS.	_	ATE SIGN		
1	22c. PHYSICIAN NAME (Typ		CK M.	D		2	CALIFO	RNIA.	MARYLAI	ND			
	230. BURIAL, CREMAT				CEMETERY OR O				LOCATION (City of T	MARY	(County) (S	otote)
	A PUNERAL DIRECT		/	ADDRES			25o. REC'	D BY REGI	STRAR 2Sb.	REGISTRAR'S	SIGNATUR	RE _	
	JOHN M.	WELCH	LEONARD	TOWN M	ARYLAND		DATE	NON!	7' 1966	fich	me	1 Jus	1gl

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then places is now carban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and with the State Dept. af Health priar to burial, cremation, ar removal, and with the State Dept.



IMORE, MARYLAND 21201

M	Division of STATISTICA	MARYLAND STATE DEPARTMENT OF HEALTH L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT
TVI	16179	CERTIFICATE OF DEATH
and	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deced

sed lived, if institution: Residence before admission) b. COUNTY Mary s It. Hary's (larukand MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town Rural Lexination Park dau e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 76 St. Mary's Haspital YES NO Middle 4. DATE 3. NAME OF Lost Month Doy Year DECEASED OF DEATH Snowden Sulvester November 66 hase 19 (Type or print) DATE OF BIRTH AGE (In years IF UNDER UNDER 24 HRS S. SEX 6. CDLOR OR RACE NEVER MARRIED X 7. MARRIED last birthdoy) Months Doys Hours Male Clooned WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Navuland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Henry (hase WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service exination Park INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TD Conditions, if ony, which gave rise to immediate couse (a) DUE TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. While Not While ot work 21. Legify that (I) (this hospital) attended the deceased and that death accurred at M, from causes and an the date stated above saw the deceased alive on 22% SIGNATURE M.D PHYS 22d. ADDRESS PHYSICIAN'S Ernest Rehm NAME (Type) Park. 23p. BURIAL CREMATION. 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) BURNAL (Specify) Nov. 28. 1966 eneteru 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR Leonardtown

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral in any event, within 72 ha physician on signed by the attending phys burial-transit permit. Then burial, cremation, ar remaval **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. be detached for use as the State Dept. af Health prior ta has been TO FUNERAL DIRECTOR: After this certificate plnods director, page 3 should should be filed with the

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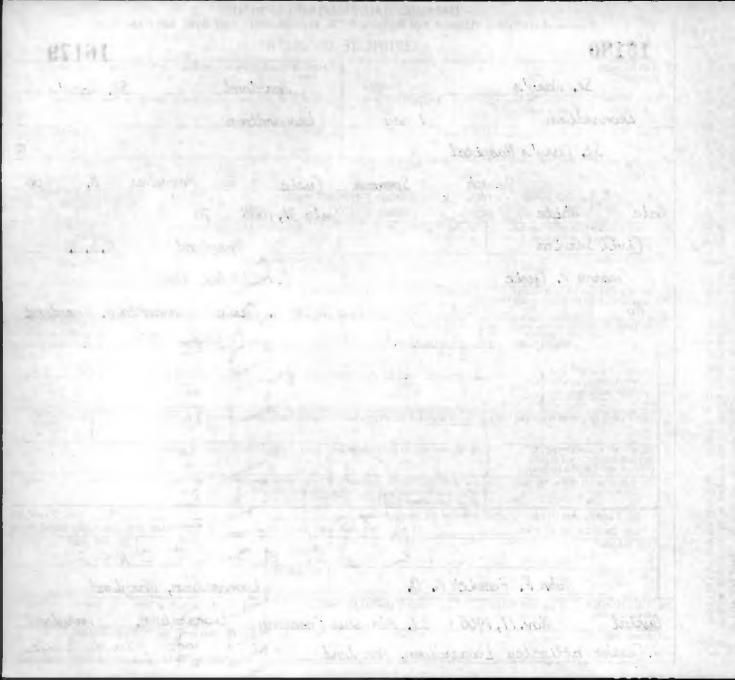
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

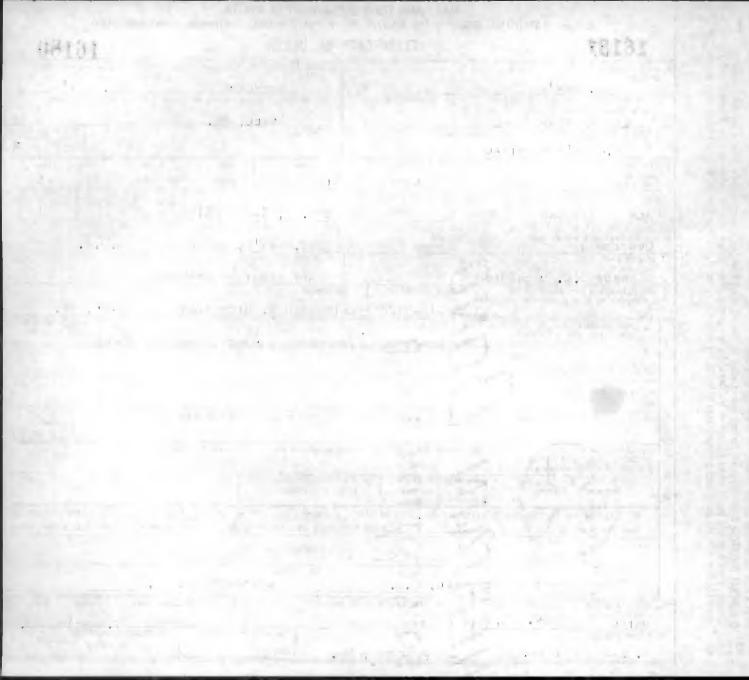
2.5		16180			CERTI	FICATE	OF DEATH			1	6179	
			St. Mary's			RYLAND	2. USUAL RESIDENCE (a. STATE Many	land	b. cou	St.	Marie's	1)
and completely filled in by the fur- cemove cortion popers. Poges 1 nony event, within 72 hours after		write RURAL and	autside carporate limit give nearest town)		c. LENGTH OF STAY	7 / / /	c. CITY OR TOWN (IF 6)		limits, write RU	RAL ond give r	e. IS RESIDE	CNIC
popers in 72 lin 72			LOR INSTITUTION (If no				d. STREET ADDRESS				ON A FAI	RM?
ortion ortion ortion		NAME OF DECEASED (Type or print)	- Fi	loseph	Middle Sper	ncer	Cusic	4. DATE OF DEATH	Novemb		B. 19 6	56
d compl move con	S.	ale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI	ED D 8	July 31, 18		AGE (In years last birthdoy) yrs.		Yays Hours	24 HRS. Min.
the ottending physicion and completely filled in by the funerol sit permit. Then please-emove cortion papers. Pages 1 and nation, or removal, and in ony event, within 72 hours after deat	duri	ing most of working l	(Give kind af wark dane ife, even it retired) ENVLOE		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	Maryl			EN OF WHAT	
ding physi Then pl removal,		FATHER'S NAME GEPTO		2			14. MOTHER'S MAIDEN	NAME <u>Lia Ann</u>				
rmit. I	15. (Ye	WAS DECEASED EVE s, no. prunknown)	IN U.S. ARMED FORCES? (If yes give war or dates o	of service) 2	SOCIAL SECURITY NO.		Daisy A.	Cusic	Addr	ess edtoun	Manular	nel
or arrenaing physicion. ote has been signed by the off ruse as the buriol-transit per colft prior to buriol, cremation.		PART I. DEAT 451X Conditions, if any, rise to immediate stating the under last.	lying couse DUE	(0) Kup TO Ser TO (c)	ture aost rerolizão	ic a	neuryon	n (all	mind		INTERVAL BETWONSET AND DE	7 ,
icote hos for use a Health pr	IFICATION	20o. ACCIDENT WAS	UNDERLYING				HE TERMINAL DISEASE CO				19. WAS AUTO PERFORME YES A	NO [
by me nospiral or the this certificate be detached for u Stote Dept. of Heal	MEDICAL CERTIFICATION	Hour o.m	RY Month, Day, Year	Milita	TJURY OCCURRED Not While		E OF INJURY (Home, for ry, street, affice bldg., etc		(City or town)	(Coun	(5)	Stote)
oy be retained by the DIRECTOR: After page 3 should be a filed with the State	V		y that (1) (this has sceased alive an_	Jeni	ded the deceased	d fram_ and that	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR C	fram causes STAFF PHYS. C	and an the	e Signed	
Poge 4 moy To FUNERAL Greater, pog Sea should be file		BURIAL, CREMATIO REMOVAL (Specify) FUNERAL DIRECTOR	Nov.1	1,1966	ADDRESS	loysi	z Cemetenu 250. RC				Marylan NATURE	ate)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

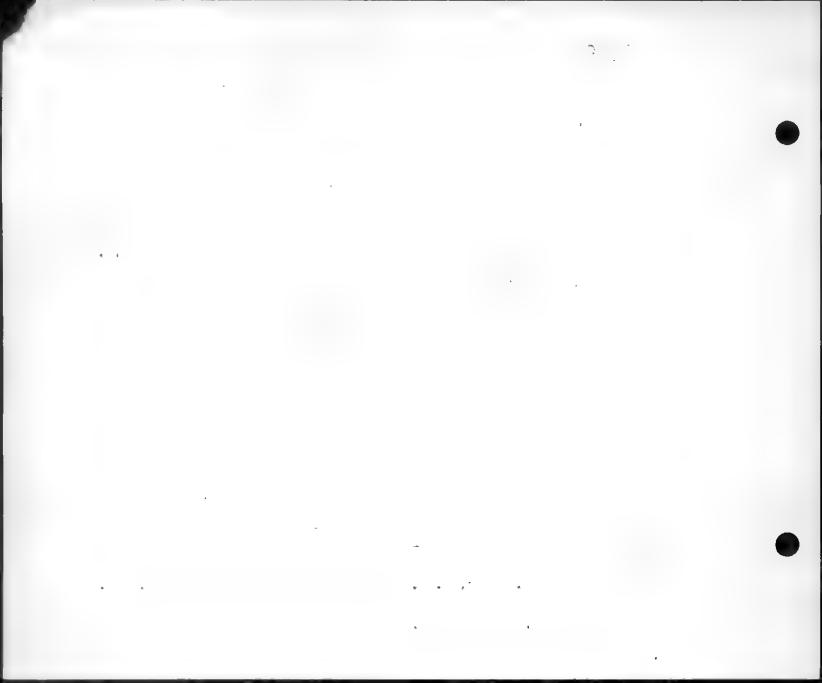
1618	1		CERTIFIC	ATE OF	DEATH				16	180
1. PLACE OF DEATH o. COUNTY	MARYIS		MARYLAN	0,	UAL RESIDENCE (W STATE MARY		d lived, if institu b. COU	NTY	MAR	
b. CITY OR TOWN	(If outside corporate limited and give nearest town)	fs,	c. LENGTH OF STAY IN 18	c. CII	Y OR TOWN (If our	tside corporot	e limits, write RU			
d. NAME OF HOSP	ARDTOWN ITAL OR INSTITUTION (IF I		give street oddress)	d. ST	ABEE REET ADDRESS	L. Mo.				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED		irst	Middle		Lost	4. DATE OF	Mon		Doy	
(Type or print)	GEORG	BE	ALMORE	Dro	KERSON	DEATH	NOVEM		20	19 66
S. SEX	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED	_	OF BIRTH		AGE (In years last birthdoy) yrs.	IF UNDER Months	Doys	Hours Min.
	ON (Give kind of work done g life, even if retired)	10b. Ki	ND OF BUSINESS OR DUSTRY	[].	ST. MARY	& Stote, or fore	eign (ountry)	((TIZEN OF SUNTRY?	
13. FATHER'S NAME				14.	NOTHER'S MAIDEN N	NAME				
GEORGE	D.C. DICKE	ERSON		1	ARY VIRG	INIA E	BRANSON			
IS WAS DECEASED F	VER IN U.S. ARMED FORCES (If yes give war or dotes	? 16. of service)	SOCIAL SECURITY NO. 20-16-9128	17. INFORM	BETH B.	DICKER	Addi R SO N		LL,	Mo.
rise to immediately the unclast. PART II. OTHER	lerlying couse	(b)E TO	TO OEATH BUT NOT RELATED	D TO THE TER	MINAL DISEASE COM	NDITION GIVE	N IN PART I(o)			WAS AUTOPSY PERFORMED?
OR CONTRIBUTION	/AS UNOERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. Of	ESCRIBE HOW INJURY OCCUI	RRED. (Enter	noture of injury in	Port I or Part	II of item 1B.)			
물 Hour d	DURY Month, Doy, Year o.m. 19	While	☐ Not While ☐		NJURY (Home, form eet, office bldg., etc.)		(City or town)		ounty)	(State)
saw the	deceased alive an_		ded the deceased fro	that dea	th accurred at	954 to		and an	the dat	
22o. SIGNATUR	Charles.	Free	mell	M.D. P	TENDING HYS.	MED. DIRECTOR	STAFF C	7 220.	PATE SIGN	MED
22c. PHYSICIAN NAME (Ty)	OHARLES		ELL, M.D.		22d. ADDRESS Lec		own, Mo.			
230. BURIAL, CREMA REMOVAL (Speci BURIAL	ify) Nov. 2	HEREOF 23,1966	23c. NAME OF CEMETER SACRED HE				CATION (City or T	ST.	(County	1s Mo
24. FUNERAL DIREC	TOR		ADDRESS			BY REGISTR		REGISTRAR'S	SIGNATU	Judge
W. CLARI	KE MATTINGL	EY	LEONARDTOWN.	. Mo.	OATE	8.2 7	1966		-	7 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending brought and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Mary's a. COUNTY 6 COUNTY ST. MARY'S death P.M.3. Page Department of (CITY OR TOWN (I outside corporate limits, with RURAL and give nearest town)
Mechanics Ville CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 1b and write RuRAL and give gegrest town) offer Mechanicsville 5 wears d NAME OF HOSPITAL OR NSTITUTION (If not in hospito, give street address)
Mechanics Ville, Md. e IS RESIDENCE ON A FARM? d. STREET ADDRESS farm hours n Item 18 Give Pages State [YES NO X alang with 3 NAME OF Muddle Last 4 DATE Month e 51 Day Year DECEASED OF ames Douglas NOW 19 66 (Type or print) DEATH land 2 with a event with a AGE (In years IF UNDER 1 YEAR F., NDFR 24 HRS 6 COLOR OR RACE CHEVER MARRIED 7 MARRIED lost birthday) WIDOWED D VORCED Office l and 10n US_AL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working ite, even if retired) IND., STRY COUNTRY? алу Manyland
14 MOTHER'S MAIDEN NAME ef Medical Examiner's 13 FATHER'S NAME be executed within in pencil Agnes Marie Thomas <u>a</u> John Jasper Douglas and 16. SOCIAL SECURITY NO. 17 INFORMANT permit (Yes, no, or unknown) (If yes give wor or dates of service) removal. pending" Father same as # 2 above 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH FIBRINO - PURULENT PERITONITIS P IMMEDIATE CAUSE (o) This certificate shauld writing the ward burial, crematian, DUE TO the Canditions, if any, which gave LACERATION OF COLON rise to immediate couse (a), farwarded to DUE TO stoting the underlying couse O lost. nsed 19. WAS AUTOPSY PERFORMED?
YES X NO PART & OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERT-FICATION the certificate, pe prior to should be 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 3 should PRIMARY TO CONTRIBUTING CAUSE OF DEATH. in automobile involved in accident. EXAMINER: io Funeral Director: Page 3 sha Health ar its designated agent, 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, foctory, street, office bldg , etc.) Not While of work of work Route 302,1 19 66 21. I certify that I taak charge of the remains described above, held an Autapsy X Inquiry Inspection death resulted fram: Accident 😿 , Suicide [the funeral directar. Natural causes . Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER Werner U. Spitz. Nov. 8th. 1966 may t Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION, 23b DATE THEREOF 23d LOCAT ON (City or Town) (County) (State) St. Josephs Cenetery Mong Maruland 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR ATSME (5) W. Clarke Mattinaley Leonardtown, Maryland

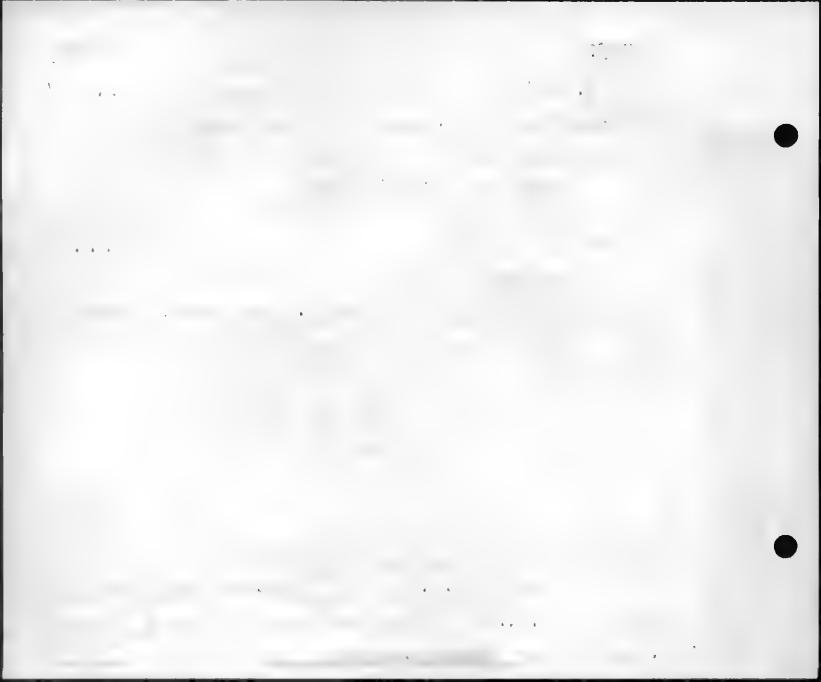
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	16183				ICATE	OF DEATH		16	182
ı	I. PLACE OF DEATH						Where deceased lived, if institu		fore odmission)
-	o. COUNTY	to Mary's		MAR	YLAND	o. STATE	land b. col		Manus
ŀ		auts de corporate l'mits,		CLENGTH OF STAY			ts de corporate limits, write Ri		
1	veute RURAL ppd	Prive nearest town)				0 1		3	
1	rain Hal	or HALL Rural		3 yeard-		d. STREET ADDRESS	Avenue		e IS RESIDENCE
	d NAME OF HOSPITAL	OR INSTITUTION (If not	in hospital, gi	ve street oddress)		d. SIKEEL ADDRESS			ON A FARM?
^	Courtne	us Nursino	Home						YES NO 🔀
ı	3 NAME OF	Firs	t	Middle		Lost	4. DATE Moi	ith C	loy Year
1	(Type or print)	Jomes		Ri chard		Duson.	DEATH Novemb	25	19 66
ŀ		6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	0 1	DATE OF BIRTH	9 AGE (In veors	TF UNDER 1 YEA	
	Male	Colored		DIVORCE		July 14, 188	6 90 50 yrs	Months Doy	
Ī	100 JSUAL OCCUPATION (Give kind of work done		D OF BUSINESS OR		11 BIRTHPLACE (County	& Stote, or foreign country)	12 CITIZEN	
1	during most of Morking	e even if refired)	INL	DUSTRY			Maruland	COUNTR	A.
ŀ	13. FATHER'S NAME					14 MOTHER'S MAIDEN	NAME		
1	_	chard Dyso	n			Ma	rgaret Smothe	7	
ŀ	1S. WAS DECEASED EVER			OCIAL SECURITY NO.	17 1	NFORMANT		ress	
1	(Yes, no, or unknown)	If yes give wor or dotes of		OCIAL SECONITY NO.					1
			h		y noi	mas H. Dyso	n nvenue,_	Marylan	
	PART I. DEATH	NTH (Enter only one cous I WAS CAUSED BY IMMEDIATE CAUSE ((0-	(a), (b), and (c) /	Var	what a	reilus		INTERVAL BETWEEN ONSET AND DEATH
1	,00/	DUE .	1	17		1 -			
	Conditions, if ony,	uhash marra A	b) (C	- Chri	278	insis.			Tuns
	rise to immediate	couse (o), Dur							
	stoting the underl	ying couse							
	last		(c)			TENERALISM DIFFERENCE OF	Unition Office as Ball 11		19. WAS AUTOPSY
-	PART II. OTHER SIG	NIFICANT CONDITIONS CO	INTRIBUTING 1	O DEATH BUT NUT KE	LATED TO T	HE TERMINAL DISEASE CUI	NDITION GIVEN IN PART 1(0)		PERFORMED?
- 1) AT								YES NO
-	200 ACCIDENT WAS	UNDERLYING 🗆	205. DES	CRIBE HOW INJURY (CCURRED. (Enter noture of injusy in	Port I or Port II of item 18.)		, (
- 1									
-		RY Month, Doy, Yeor	20d IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	n 20f (City or town)	(County)	(Stote)
ı	Hour o.m.	10	While	Not While of work	focto	ory, street, office bldg., etc.)		
4	P m		OT WORK	LI OTWORK LI	S	1100	1966, to 25 The	10/00	that (i) (we) last
-1		y that (I) (this has		ned the deceased	and that	death occurred at	M from couses	and on the	late stoted above.
-1		ceased olive an	7 17	17.	olig illu	dedili occorred di	m, nom coose:	225 DATE S	ICHEO
-1	200 SIGNATURE	(/71) //				ATTENDING T	MED STAFF	7/7/7/4	1/2/-
1	me	V111.11	en		M.C	22d. ADDRESS	DIRECTOR LJ PHYS L		100 00
	22c. PHYSICIAN'S NAME (Type)	Enment	Rehm /	h. 1).			roton Park Mk	muland	
					LETTER 1		7	To the second	
	230 BURIAL, CREMATION			23c NAME OF CEN		_	23d LOCATION (City or T	4.	
	BUTTER (Specify)	Nov. 28,	1400		i Hea	rt (enetery			yland.
	24. FUNERAL DIRECTOR			ADDRESS		1	0 1000	HEGISTRAR'S SIGNA	Tuesal.
	W. (larke /	latting ley	Leona	ratoun, M	rrylai	nd DATEN C	N 29 1966	F J T T T T T T T T T T T T T T T T T T	0

W. Clarke Mattingley Leonardtown, Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending envision and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. After please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remayed, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



FOR STATE HEALTH DEPT.

pages 1 and 2 with the State Department of

delay is

necessary, please execute the certificate, writing the ward "pending" in pepal-in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Exercises. Office along with form PM3 Page

This certificate shalled be executed within 24 fillurs after death. It

TO BEPUTY MEDICAL EXAMINER:

Health ar its designated agent, prior ta burial, cremation, or remaval, and in any event within 72 haurs after death.

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File

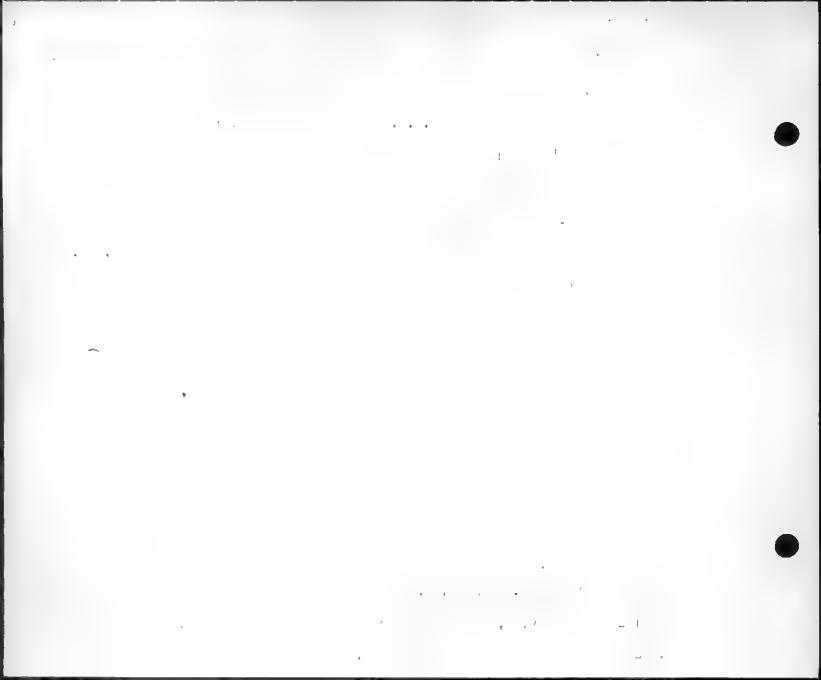
MARYLAND STATE DEPARTMENT OF HEALTH

1	Division of STATISTI	CAL RESEA	RCH AND RECORDS,	301 W. PRESTON STR	EET, BALTIMORE, MARYLA	ND 21201
1618	4	MEDI	CAL EXAMINER	'S CERTIFICATE O	OF DEATH	16183
1 PLACE OF DEATH					Where deceased lived, funstitution	
o COUNTY	T. MARY S		MARYLAND	o. STATE	AND b. COUNTY	T. MARY 6
b CITY OR TOWN	(if autside corporate limits, and give nearest town)		C LENGTH OF STAY IN 16		uts de carparate limits, write RURA.	ond give necrest town)
LEONAR			D.O.A.	RURAL	OAKLEY	, , , , , , , , , , , , , , , , , , ,
d NAME OF HOSP	TITAL OR INSTITUTION (Finot	in hospital g	ive street address)	d STREET ADDRESS		e 15 RESIDENCE ON A FARM?
ST.	MARY'S HOSP	ITAL				YES NO
3 NAME OF DECEASED	Frsi	t	Midd e	Last	4 DATE Month	Doy Year
(Type or print)	EDWARD		FILLMORE	JAMESON	DEATH NOVEMBER	21. 19 66
5 SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARR ED	8. DATE OF BIRTH		Months Days Hours Min
MALE	COLORED	WIDOWED	DIVORCED [MAY 9. 1904	62 yrs	MUSHIIS DOYS 1100IS HIJII
10o USUAL OCCUPATION during most of working	ON (Give kind of work done		ND OF BUSINESS OR DUSTRY	11 B RTHPLACE (Stote	or foreign country)	2 CIT ZEN OF WHAT COUNTRY?
BOILER O			RD UNIVERSIT	Y ABELL.	MARYLAND	U.S.A.
3 FATHER S NAME				14 MOTHER'S MAIDEN		
Р	HILIP JAMESO	N		SADLERE	ILLMORE	
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. S	OCIAL SECURITY NO. 1	7 INFORMANT	Address	
YES	(If yes give war ar dates of	21	4-16-7826	THELMA B. JAM	EBON OAKLEY,	MARYLAND
	DEATH (Enter only one cause	e per une far i	(o), (b) and (c))	/. /		INTERVAL BETWEEN
PARTIDE	ATH WAS CAUSED BY IMMED ATE CAUSE (o)	Carcles	ary tt.	bodal	ONSET AND DEATH
4/ 2	DUE T	0		A =	- // >	a
Cand trans, if or	ny, which gave) (t)	arterio	Actoral	C= 17D	defenso
stating the unc		0				
lost) (c)				
PART I OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO	O DEATH BUT NOT RELATED	TO THE TERM WAL DISEASE CO	NDITION GIVEN IN PART I(o)	19 WAS AUTOPSY PERFORMED?
AIIC						YES NO
200. EXTERNAL PRIMARY OF CAUSE OF DEATH 200. TIME OF Hour of	ONTRIBUTING [20b D£S	CRIBE HOW INJURY OCCURR	ED (Enter noture of inury in	Part or Part II of Item 18)	
20c TIME OF .N	LURY Manth, Day, Year			PLACE OF INJURY (Hame, form		(County) (State)
원 Hour d	1 m. 2 m. 19	While at work		factory, street, office bldg., etc)	
21. I cert	ify that I taak charge	of the rem	arps described abave,	held an Autapsy	Inspection 7, inquir	y A and in my ap nian
death rese	lted from: Natural	couses P	Accident . S	vicide 🔲, Hamicide	Undetermined mar	nner 🗍
1671111	7.1	0_	1	CHIEF MEDICAL	EXAMINER	_
ACTUAL SIGNATURE	Mm	V)	Sange	AU D	DICAL EXAMINER [22. DATE SIGNED
EXAMINER'S NAME (Type)	WILLIAM D.	Boyd I	M. D.	DEPUTY MED C Address (Stree	AL EXAMINER (2) t, city, town, ar county)	11/22/66
230 BURIAL, CREMAT	()		23c NAME OF CEMETERY		23d LOCATION (City or Town) (County) (State)
BUR AL (Speci	110 1 1100	,1966		B CEMETERY	OAKLEY,	MARYLAND
24 FUNERAL DIRECT	TOR		ADDRESS	25a REC	D BY REGISTRAR 25b. BEGIS	STRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 250 REC'D BY REGISTRAR DATE NOV 28 1 1966

REGISTRAR'S SIGNATURE



16185

CERTIFICATE OF DEATH

Rea. Dist. No.

16184

20201	,				Reg. Dist. No	o. 1010
PLACE OF DEATH	2/		2. USUAL RESIDENCE (Who	ere deceased lived. If ins		are admission)
ST	_ MARYS	MARYLAND	MARYL	AND	CHAR	27-62
 b. CITY OR TOWN (If RURAL and give no 	autside corporate limits, warest tawn)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside carporate limits, wr	ite RURAL and give no	rarest town)
	RDTOWN	<u>′ </u>	WALDO	RF - RU	RAL	
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give s	itreet oddress)	d. STREET ADDRESS	range (e. IS RESIDENCE ON A FARM?
-5T ME	TRYS HE	SPITAL	KT /	BOX 190		YES NO
3. NAME OF DECEASED	First	Middle	Losi	4. DATE OF	Month D	loy Yeor
(Type or print)	LEONARI	JOSEPH	KELLER	DEATH /	VOV. 1	6, 1966
5. SEX	6. COLOR OR RACE 7.	MARRIED 🔀 NEVER MARRIED 🔲	B. DATE OF BIRTH	9. AGE (In yellost birthde		R IF UNDER 24 HRS
MALE	CAU. WII	DOWED DIVORCED	OCT. 3/		yrs. Months Days	Hours Min.
100 USUAL OCCUPATIO	N (Give kind of work done ing life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stale o	or foreign country)	17. CITIZEN	OF WHAT COUNTRY
	ER	TOBACCO	SWITZE	RLAND	U.	S.A.
IG. FATHER'S NAME		. /	14 MOTHER'S MAIDEN N	AME		
LEON	ARD J.	KELLER	REGINI	A SCHI	ILER	
15. WAS DECEASED EVER	IN U. S. ARMED FORCES?		INFORMANT	RTIA	Address 190	
1.10	, yet. give our or occup or recital	217-36-7053 G	-RACE KELLE	R, WALT	CRF.	MD.
18. CAUSE OF DEA	TH (Enter only one cause	per line for (a), (b), and (c)]	D		IN	TERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cornier	4 Through	surrecu	as could on	SET AND DEATH
	DUE TO	, 0				
Conditions, if an	y, which) (b)	attherse	Peroxec CV	disiero	- 6	6-7-422
gove rise to in couse (a), stating t	nmediote (
lying couse lost.	(c)					
PART II. OTH	ER SIGNIFICANT CONDITIO	ONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3						YES NO
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING 1 206	DESCRIBE HOW INJURY OCCUR	ED (Enter nature of injury in P	ort I ar Part II of item 18.	.)	
	MEDICAL EXAMINER)					
20c. TIME OF INJURY Hour a. m. p. m.			LACE OF INJURY (Home, form,		(County) (Stote)
Hovr a.m.		Vhile Not while t work of ot work	octory, street, office bldg., etc.)			
21 I certify the	at I attended the de	regard from 12/21 6	1957 to 1	OY.16 18	Canthot I lost s	raw the decease
alive on 16		////		_M, from the cous		
dire on 2 per	1// 4	, ond mer deal		LODRESS (Street, city or to		DATE SIGNE
ACTUAL	(xoes/	wy//nen	44 D			11-16-6
1			_M.U.			
PHYSICIAN'S	T. Skoy G	SUYTHER M	I.D. MECHAN	ICSUILL	-E. MZ)
220. BURIAL, CREMATIO	N, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, to	wn, or county)	(Stote)
BEMOVAL (Specify)	11-18-60	5 STMARY	5 Can.	BRUBALT	OWN A	17
23. FUNERAL DIRECTOR'S	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDRESS	240_REC'D	BY REGISTRAR 24b. f	REGISTRAR'S SIGNATU	JRE
The Skutt -	Frencent de	mo Wallro	my SATEVE	2 1 1966 V	Charle U.	

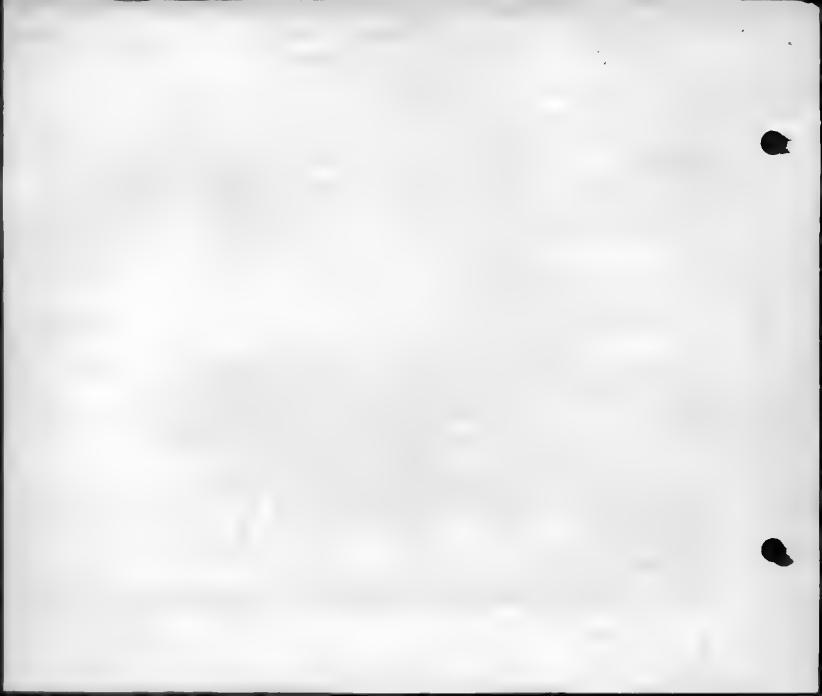
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retaint. It he haspital ar attending physician.

TO FUNERAL DIR:

1. After this certificate has been signed by the attending physician and campletely fulled it page 3 shauld be fached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. V5 A15 (4) 15M 9/55

the funeral director, should be filed with

ofter death. Page 4



FOR STATE MUNLTH DIPT.

15

10 DEPUTY MEDIA FEXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Department after death.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fig. and 1 and 2 with the State of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours is

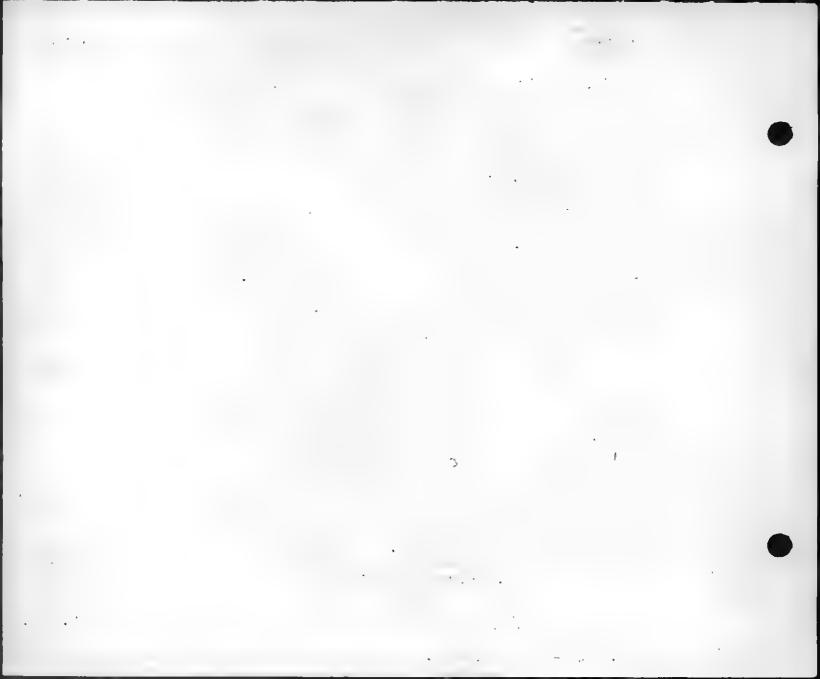
VR ALSME (5) 1/65

1

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 186 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16185 16186

1.	PLACE DF DEAT	Н				2. USUAL RESID	ENCE (Where deceas	ed lived, If Ins	titutien: Re	si dence l	efore admission)
		. Mary's		MARYLA	ND	a. STATE	Marv	land	b. COUN	S'	t. I	Mary's
	b. CITY DR TDW	N (If outside corpora	te ilmits,	C. LENGTH OF STAY I		c. CITY OR TOWN	i (if out	side corpor	ete limits, wr			
		ent River	111)			RURAL (lali	forn	ia			
			ON (if not in h	ospital, give street add	ress)	d. STREET ADDRE	SS				0.	IS RESIDENCE DN A FARM?
		n Hospita	a1			Box 10	<u> </u>					s NO X
3.	NAME OF DECEASED	F	irst	Middle		Last	4.	OF	Month		Day	Year
	(Type or print)	Clifford	1 Stan	ley LONCA				DEATH	Novemb	er 2	6	19 66
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH	,	9. A	GE (in years sst birthdey)	Months 1	Davs	HOURS Min.
	Male	Cau	WIDOWED			Aug. 29.		+71 2.	⊥ yrs			
10a	a. USUAL OCCUPAT	FION (Give kind of work ling life, even if retire	done, 10b. K	IND OF BUSINESS OR		11. BIRTHPLAC	E (State	or foreign	country)	COL	IZEN O UNTRY?	FWHAT
	CLERK ST	JPPLY DEPT.		CIVIL SERV	ICE			IN,OHI	0	US.	A	
13	. FATHER'S NAM	1E				14. MOTHER'S N	MAIDEN	NAME				
	Mr. Rol	pert LONC.	AR			MAXIN	ER.	SILLI	MAN			_
15 (Y	. WAS DECEASED	EVER IN U.S. AR MED FO	RCES? 16.	SOCIAL SECURITY ND.	17.	INFORMANT			Addres	S		
	NO		119			MRS.DAVID	STR	LAUB -	SAME A	S # 2		
		DEATH [Enter only or EATH WAS CAUSED B)		ine for (a), (b), and (c).		7 -					ONSE	VAL BETWEEN T AND DEATH
	PART I, U	IMMEDIATE CAUSE	(a) In]	uries, Mu	T C 1	рте						
1	· ·	DUE		2 4 2 4							25	min
	Conditions, if		(b) Aut	omobile A	cc]	dent					-/	HITTI
	cause (a), s		T0									
	underlying cau		(c)							DADETAL	119.	WAS AUTOPSY
MEDICAL CERTIFICATION	PART H. OTHER	SIGNIFICANTCONDITI	ONS CONTRIBL	UTING TO DEATH BUT NO	TRELA	TED TO THE TERMIN	IAL DISE	ASECUNDIT	TION GIVEN IN	PAKI 1(3)		PERFORMED?
CA											YES	NO THE
II.	20e. EXTERNA	L CAUSE WAS CONTRIBUTING [] TH.		DESCRIBE HOW INJURY			re of inj	ury in Part	I or Part II 0	f Item 18.)	,	
13	CAUSE OF DEA	TH.		omobile A								
CAL		INJURY Month, Day,		NJURY OCCURRED 20	e. PLA	CE OF INJURY (Hom	e, farm,		ty or town)	(Cour		(State)
/EDI	013Hour a.	m. 11/26 ₁₉	66 While	k Not While	Roi	ite #23	5	Dame	ron S	St. M	ary	's Md.
	21. I certif	y that I took charg		nains described abov	e, he	ld an Autopsy], lr	nspection	Inqu	iry 📝	and	in my opinion
	death result	ted from: Natura	causes	, Accident X,	, Sui	lcide, Hor	nicide	□, U	ndetermined	manner		
		411	1 1 2	- Wm I	15	CHIEF MED						
	ACTUAL SIGNATURE	Eller	2.11	Wieus-	-	M.O. ASSISTANT	MEDIC	AL EXAMIN	ER 🗌			DATE SIGNED
	EXAMINER'S	Elliot	L. Mar	cus LT M	C T	JSNR DEPUTY ME	EDICAL	EXAMINER			26	NOV 66
	NAME (Type)					Address (Si	treet, cl	Ity, town, o	r county)			
23	BURIAL, CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEN	AETER)	OR CREMATDRY			TION (City, to			(State)
	TRANSIT		27/66				- 5015	MID	LAND -	BEAVE	R CC	PA.
24	. FUNERAL DIR	TOR WOL	11	ADDRESS		253.	REC'D	V 29	1966 R	Mian		udge
	JOHN M. W	TCH - LEON	ARDTOWN			DATE	MO.	∪ نہ ۷	1000			10
1)14									-			

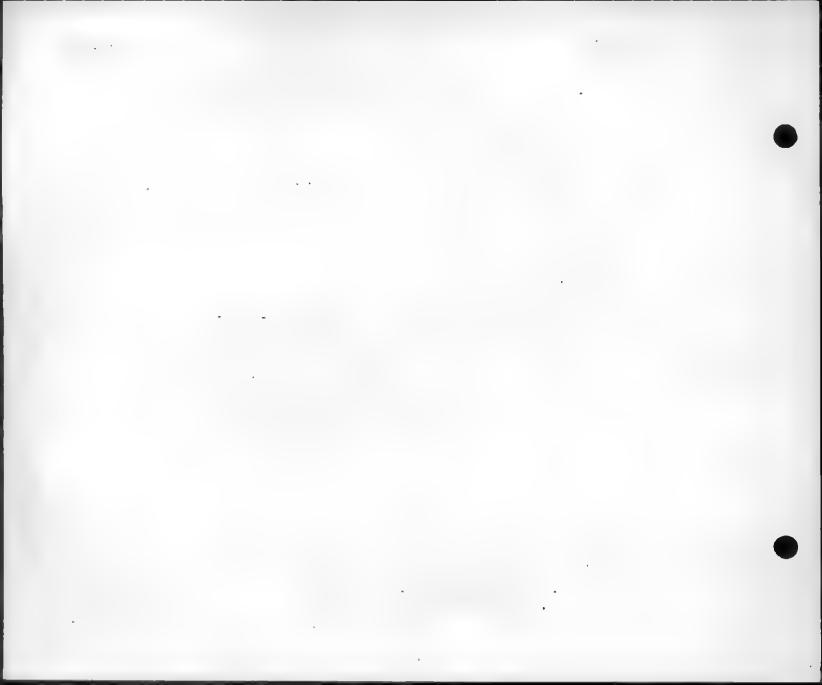


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16187 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before palm ssiph) o. COUNTY h. COUNTY ST. MARYS MARYLAND ST. MARYS MARYLAND 6 CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If puts de corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) RURAL - LEONARDTOWN RURAL - LEONARDTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? STAR RT: 42 NO A 3 NAME OF First Middle lost 4 DATE Month Year DECEASED 0F NOV. MAYOR 19 66 (Type or print) MYRTLE FLIZABETH DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years **NEVER MARRIED** lost birthdov) Months Dovs Hours WIDOWED DIVORCED 11/10/1902 10g JSUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE DOMESTIC MARYLAND 14. MOTHER'S MA DEN NAME 33. FATHER S NAME JULIA PEGG EDWARD LEO RIDGELL WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If was give wor or dotes of service) SAME AS # 2 LEONARD MAYOR SR. NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b); and (c)) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stating the underlying couse lost. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELACED TO PERFORMED? CERTIFICATION NO 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of Item 18.) 20o ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. factory, street, office bldg, etc 1 Not While of work 21. I certify that (I) (this-hospital) ottended the deceased from and that death occurred at 17 M, fram couses and on the date stated above saw the deceased alive on 22o. SIGNATURE 22b DATE SIGNED STAFF 11/30/66 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICANS J. PATRICK/JARBOE M.D. GREAT MILLS. MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town) 23b. DATE THEREOF 230. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) GREAT MILLS, MARYLAND 1966 HOLY FACE CEM. 2So. REC'D BY REGISTRAR **ADDRESS** REGISTRAR'S SIGNATURE. LEONARDTOWN . MD.

24 hours after death. campletely filled in by the furteral event, within 72 executed within remaye any please ond requires that the death certificate ar remayal, phys e . attending permit. The crematian, the al-transit attending physician. signed | burial-t burial, a as the prior tal has been Health p TO FUNERAL DIRECTOR: After this certificate the haspital ar detached for Dept. of P shauld ith the be retained director, page 3 sha should be filed with

VR A15 (4)



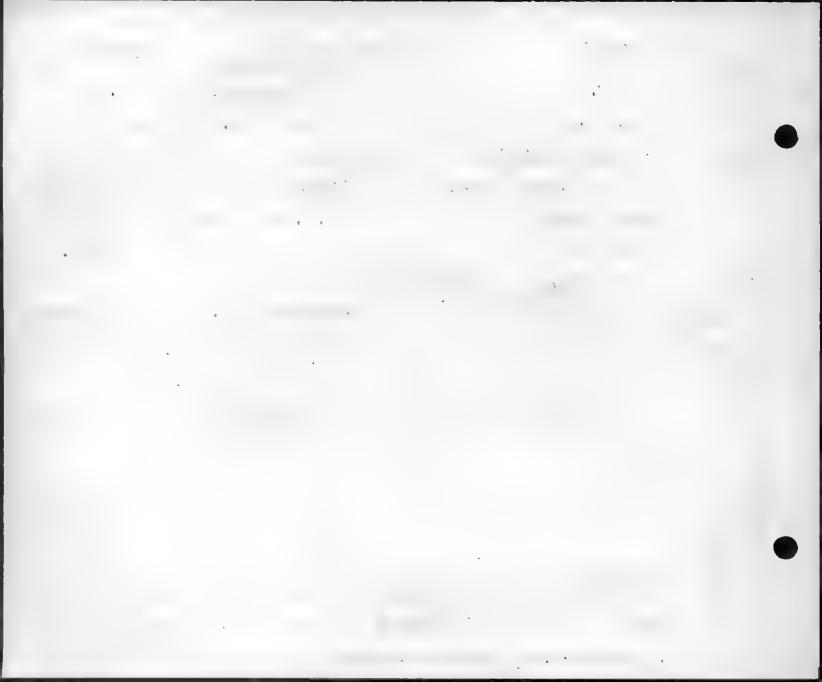
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 16188 PLACE OF DEATH funerol 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) b. COUNTY o. COUNTY Mary s MARYLAND and campletely filled in by the remove carban papers. Pages b CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) write RURAL and give nearest town) 88 days eonardtown e. S RESIDENCE ON & FARM? d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address? d STREET ADDRESS event, within 72 76 YES M NO [3. NAME OF Middle 4 DATE Lost Month Doy DECEASED OF November 20 19 66 Milburn (Type or print) heresa DEATH S. SEX AGE (In years IF JNDER 1 YEAR IF JNDER 24 HRS. 6 COLOR OR RACE 8 DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Hours in any (WIDOWED DIVORCED renale Neozo 100 SUAL OCCUPATION (Give kind of work done 12. CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) edse during most of working life, eyen if retired) COUNTRY? INDUSTRY GD House wile 13. FATHER S NAME sigh Holly ar remai signed by the attending burial-transit permit. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) Mary's (itu Maruland crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) attending physician. DUE TO burial, 1 Conditions, if ony, which gave (6) rise to immediate couse (a), DUE TO ficate has been s far use as the b f Health priar ta b stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN BY WAS AUTOPS PERFORMED? NO by the haspital ar 10 FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) factory, streat, office bldg., etc.) Hour o.m. Not While of work of work þ 21. I certify that (I) (this hospital) attended the deceased fram. be retained shauld and that death occurred at AM from tauses and an the date stated above. saw the deceased alive on DATE SIGNED 22o SIGNATURE ATTENDING -MED. Director STAFF 3 director, page 3 shauld be filed v PHYS. 22d ADDRESS 22c. PHYSICIAN'S NAME (Typé) 23d. LOCATION (City of Town) 230 BURIAL, CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) Park Hall Church Burial 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUI VR A15 (4) 20 M 1/66 Leonardtown Marulano

requires that the death certificate be executed within 24 haurs after death.

ATTENDING PHYSICIAN:

O HOSPITAL



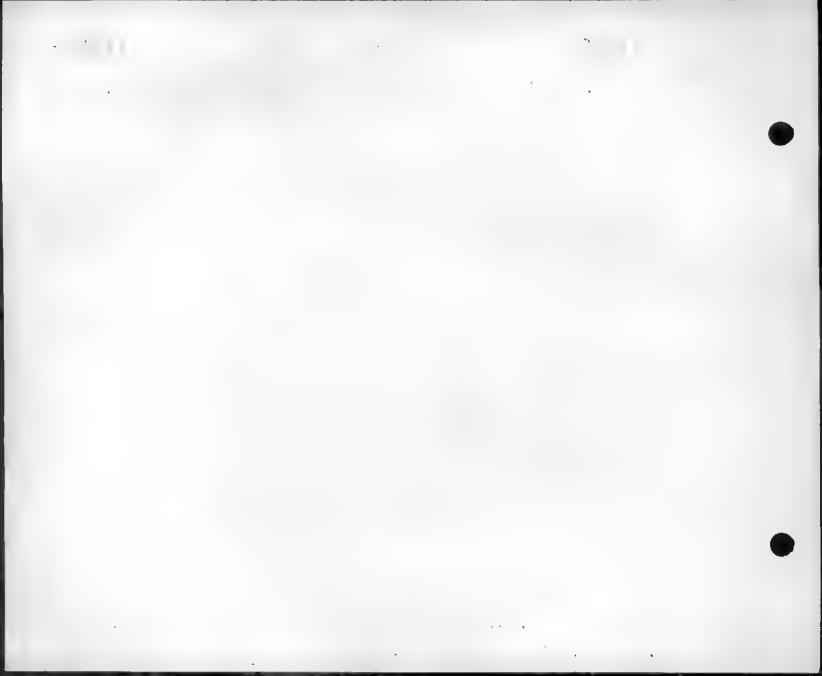
Klarke Mattingley Leonardtown, Maryland

250. REC'D BY REGISTRAR

DATE

VR A15 [4] 20 M 1/66

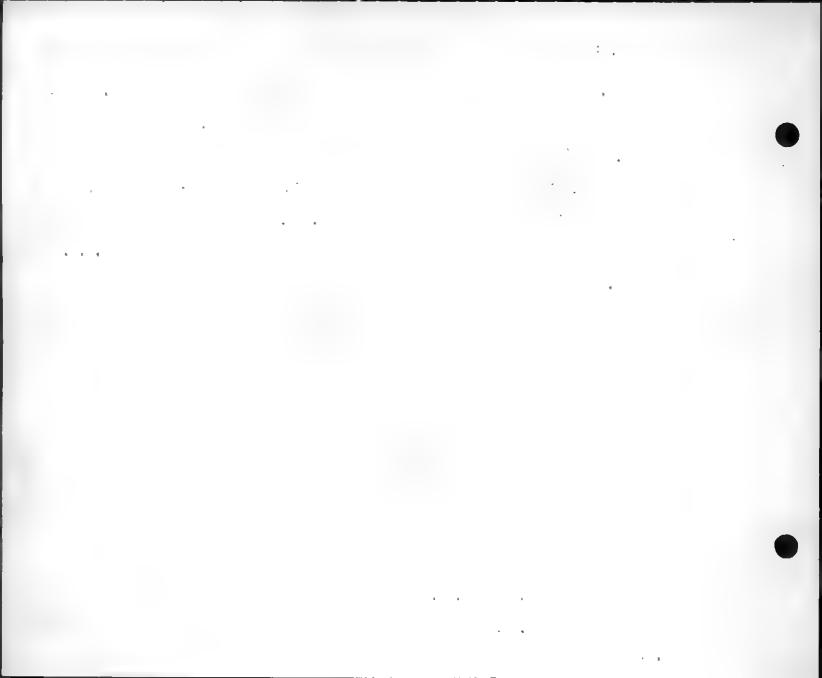
24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death, funeral a to PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick after by the f Pages 1 irs after St. Mary's County MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) • emove carbon papers. Pag any event, within 72 hours Thurmont nardlow XXXX 3 days 24 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Legner Green Ora Route 2 St. Mary's Hospital YES A NO ! executed within NAME DE Middle Last 1966 DECEASED Victor Floyd Misner DF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | I Sur | Months | Days | Hours | Min. 5. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. 9. Causcasi on WIDOWED in any 11-20-1892 male DIVORCED [attending physicia∎ a ermit. Then please re on, or removal, and in 10a, USUAL OCCUPATION (Give kind of work done | 1Db, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT e during most of working life, even if retired) INDUSTRY **COUNTRY?** Frederick Co. Md. U.S. iarmer certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Misner Wolf Fannie ed by the attend transit permit. , cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITYNO. Address (Yes, no, or unkown) | (If yes give war or dates of service) death Rt. 2. Thurmont . 2I 3-0I-9295 John Misner Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN The law requires that the has been signed by te as the burial-transit prior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate attending DUE TO cause (a), stating the underlying cause last. has as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health p r this certificate I detached for use te Dept. of Health PERFORMED? CERTIFICAT YES NO 🔀 hospital ATTENDING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL Figure 4 may be reconstructed by Figure 4 may be reconstructed by Strong be detained by filed with the State Description of the State Description 2Dc. TIME OF INJURY Month, Day, Year (State) the 20d. INJURY OCCURRED 12De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work __ at work p.m. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from to. and that death occurred at 11.50 tm, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. O HOSPITAL ADDRESS PHYSICIAN'S 22d. TO FUNERAL director, p NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. 23c. REMOVAL (Spenify) Creagerstewn.Fredk.Co.MD Creagerstewn Cem. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Raymend Thurmont. Md VR A15 (4) DATE NO 20M 1/65



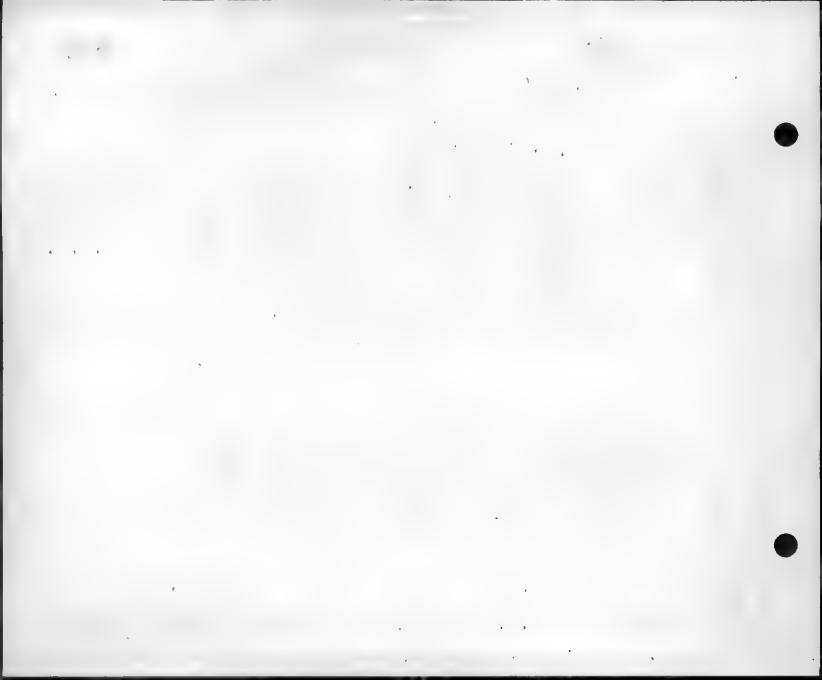
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16191 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b COUNTY Page delay is 40 death. b City OR TOWN (If outside corporate limits, MARYLAND Deportment c. LENGTH OF STAY IN b c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest fown). ond P.M3. write RURAL and give nearest town)
Leonardtown after d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS form hours YES XX NO St. Mary's Hospita ote This certificate should be executed within 24 hours after death 3 NAME OF Month Midd e 4 DATE \$ lap. DECEASED within , (Type or pnnt) DEATH S SEX NEVER MARRIED 6. COLOR OR RACE AGE (n yeors IF UNDER 1 YEAR 7 MARR FD last birthday) Months Doys WIDOWED DIVORCED event TDo USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY any d "pending" in pencil in Chief Medicol Examiner's poges in any 13. FATHER'S NAME Jeniler Norri File Almer Deloris Bean 6 SOCIAL SECURITY NO 17 INFORMAN removal. (Yes, no. or unknown) (If yes give wor or dotes of service #2 above 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 MMEDIATE CAUSE (o) writing the word cremation, DUE TO farwarded to the Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 buriol, c PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY CERTIF CATION PERFORMED? 9 200 EXTERNAL FAUSE WAS PR MARY TO OF CONTRIBUTING prior (Enter noture of injury in Port I or Port I should Poge 4 should CAUSE OF DEATH 20e PLACE OF INJURY (Home, faith 20c T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City of town) (County) factory, street office bldg, etc.) Wh e Not While of work of work designated 21 I certify that I taak charge of the remains described above, held on Autopsy Inspection 12 and in my apinian the funeral director. Suicide death resulted fram. Natural causes Accident A Hamicide | Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 8 Address (Street, city, town, or county) BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial (Specify) Great Mills 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Leonardtoun_



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	16192	CERTIFICATE	OF DEATH		16191			
	1. PLACE OF DEATH			Where deceased lived, if institution Re	isidence before admission)			
	a COUNTY St. Mary's	MARYLAND	o. STATE Mary	pland b. COUNTY	St. Mary's			
	b. City OR TOWN (if autside carparate limits,	c, LENGTH OF STAY IN 16	CEITY OR TOWN (IF at	itside carparate limits, write RURAL on	d give nearest tawn)			
	wrte RURAL and give nearest town)	18 days	Rural	California				
ŀ	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspita		d. STREET ADDRESS	Caroojarroca	e IS RESIDENCE			
11	St. Mary's Hos				ON A FARM? YES NO NO			
f	3 NAME OF First	Middle	Last	4. DATE Month	Doy Year			
	(Type or print) James	0.	Owen.	DEATH Novembe	n 22, 1966			
ŀ	S SEX 6 COLOR OR RACE 7 MARRIE	D NEVER MARRIED 8	DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS			
	Male White WIDOWE		April 3, 1882	84 yrs. Man	ths Days Hours Min.			
ľ		KIND OF BUSINESS OR			2 CIT ZEN OF WHAT			
	during most of working life, even if retired)	ENDUSTRY	Virginia COUNTRY'S A.					
	13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME					
	Tom Owen		Belle Greene					
		6. SOCIAL SECURITY NO 17. II	NFORMANT	Address				
	(Yes, no, ar unknown) (If yes give wor or dates of service)	228-28-2679 Mr	s Kate E. C	wens baliforni	_ M 1 _ 1			
-			s ruce (L	wens pacesonne	a, Maryland I INTERVAL BETWEEN			
	18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY:	ONSET AND DEATH						
	IMMEDIATE CAUSE (o)	Vynnacu	a ga	y naceway	min			
	4201 DUE TO	110000	1/1/11	0/1/2				
	Conditions, if any, which gave) (b)	(A) Man	1 /	musin	min-			
	rise to immediate cause (a), DUE TO	11	1101					
	last. (c)	PARMA	Terro	KID	1 CT XI			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	GOTO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	V9. WAS AUTOPSY PERFORMED?			
6	AT .				YES NO			
	OR CONTRIBUTING □ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I or Part II of item 18)				
		INTURY OCCUPATE TO BE DIAG	T OF INDIAN III I	n. 20f. (City or town)	/favetel /ft-1-1			
	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19		TE OF INJURY (Home, form ary, street, affice bldg, etc.)		(County) (State)			
	p.m 19 at w	vatk 🔲 of work 🔲	1	10	11			
	21. I certify that (I) (thus traspital) atte	ended the deceased fram		19_66, to	19 6, that (I) (los			
	saw the deceased alive an	19 <u>6-6</u> , and that	t death accurred at	95% M, fram cayses and	an the date stated above			
	220. SIGNATURE	100	ATTEMBINO		b. DATE SIGNED			
	BY I DU	7/19 M.t	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS				
- 1	22c. PHYSICIANY		22d. ADDRESS	4. 4.4	4 4			
	NAME (Type) James P. Jarboe	z M. D.	9	reat Mills, Mary	land			
ľ	23d BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City or Yown)	(Caunty) (State)			
, I	Burial Nov-25- 1966	Jan Chanal	Cometenu	11011	Manada			
N	24 FUNERAL DIRECTOR	XDDRESS TUDES		D BY REGISTRAR 256. REGISTRA	R'S SIGNALURE (1			
W.	*** **	11 60		101 28 1966	warles Judy			
3.	W. Clarke Mattingley Lear	rardtovn. Marula	nd DATE	10. 20 1900	U			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physicion.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16193 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY ST. MARY 18 MARYLAND ST. MARY S MARYIAND b CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest fown) RURAL PINEY POINT LEONARDTOWN DAY e IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM? NO ST. MARY & HOSPITAL 3 NAME OF 4. DATE Year Middle Last Doy DECEASED OF EUGENE PURCELL MATTHEW NOVEMBER 21 1966 (Type or print) DEATH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7 MARRIED NEVER MARRIED lost b rthday) Months Dovs Hours MALE Nov. 1, 1886 WHITE WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working I fe, even if retired) INDUSTRY PINEY POINT, MARYLAND HAT FINISHER 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME THOMAS T. PURCELL 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, na, ar unknown) (If yes give war or dotes af service 215-32-0466 MRS WILMER M. KERBE 1232 BREWSTER STREET INTERVAL BETWEEN ONSET AND DEATH BALFIMORE 27. 18. CAUSE OF DEATH (Enter on y one cause per line for (a) (b) ond (c) Mp. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove rise ta immediate couse (a), DUE TO stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO CFRTIFICAT 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INDIRY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. factory, street, office bldg., etc.) of work at wark 21. I certify that (1) (this hessital) uttended the deceased from , and that death occurred of 9 M, from causes and an they date stated above. sow the deceased olive on DATE SIGNED 22o. SIGNATURE 22b. ATTENDING M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S Patrick Jarboe M. D. Maryland NAME (Pype 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) BURIAL (Specify) Nov. 25, 1966 TRINITY EPISCOPAL MARY & CITY. MARYLAND 25a, REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND

1966

TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be filed v Page 4 may VR A15 (4) 20 M 1/66

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

cian and campletely filled in by the funeral ease remove carbon papers. Pages 1 and 2 and in any event, within 72 haurs after deatly

permit. Their please ream, or remember of

signed by the burial-transit p

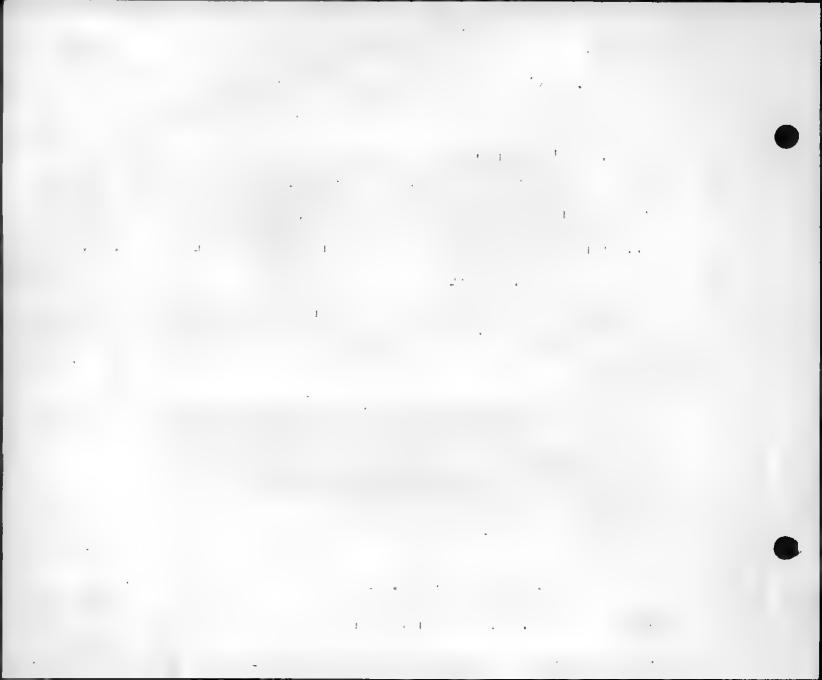
3 should be detached far use as the with the State Dept. af Health priar to

etached

the

be retained by the hospital ar attending physician.

crematian,



land 2 w th the State Department af

File

and in any event with n 72 hours after death.

"pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 hours after death. If

P.M.3. Page de ay is

Office arong with farm

the funeral director. Page 4 should be farwarded to the Chief Medical Examination

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit Health or its designated agent, prior ta burial, cremation, ar remaval,

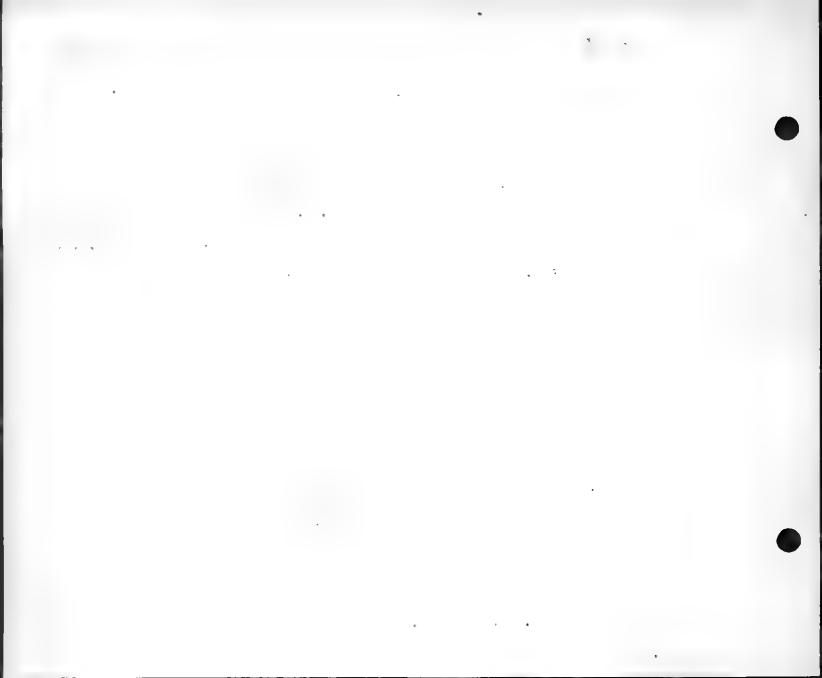
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16194 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH				Where deceased lived, if institution. Res de	nce before admission)
o COUNTY St	. Mary's	MARYLAND	o. STATE Mary1	and b. COUNTY	Many's
A CITY OF TOWN	(If a) to do composato I muto	C LENGTH OF STAY IN 16		ts de corporate limits, write RURAL and ge	
Leonar	d g ve nearest tawn)	DOA	Compto	n	18.1
	TAL OR INSTITUTION (If not n	1 = 0 / 1	d STREET ADDRESS		e IS RESIDENCE
St.	Mary's Hospi	tal			ON A FARM? YES NO 1
3 NAME OF DECEASED	First	Middle	Lost	4 DATE Month	Doy Year
(Type or print)	HORACI	E BERNARD	ROBINSON	DEATHNOVEMber	13 19 66
S SEX	6 COLOR OR RACE 7	MARRIED 🔲 NEVER MARRIED 💢	8 DATE OF BIRTH	9 AGE (In years IF JNDER lost burthdoy) Months	Doys Hours Min
Male		IDOWED DIVORCED	Jan. 23, 1946	lost burthdoy) Months 20 yrs	DOYS HOUS MIN
during most of working	N (Give kind of work done glife, even if retired)	106 K ND OF BUSINESS OR INDUSTRY			UNITRY 3. A.
13 FATHER'S NAME	01.		14 MOTHER'S MA DEN	NAME	
	e Robinson			orine Turner	
15 WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war or dates of serv	l'onu	INFORMANT	Address	
(1 63, 110, 01 0110110111)	(11 yes give wai or days of serv		Mother 2	name as #2 above	
PART I DE		er line for (o), (b), ond (c)) Multiple Gunshot w	ounds of Che	est	INTERVAL BETWEEN ONSET AND DEATH
7/ / /					
Conditions, if one	te couse (o)				
stoting the und	erlying couse DUE 10				
lost	(c) _				<u> </u>
PART II OTHER S		IBUTING TO DEATH BUT NOT RELATED TO			19 WAS AUTOPSY PERFORMED? YES NO
2Do EXTERNAL C PRIMARY 20 or CC CAUSE OF DEATH	AUSE WAS Ontributing 🗖	Was shot in chest	,	Port 1 or Port I1 of tern 18)	
	JURY Month, Day, Year	2Dd INJURY OCCURRED 2De P	LACE OF INJURY (Home, form	n, 20f (City or town) (Co	ounty) (Stote)
11:00 p	m 11/12 19 66	Whe Not Whe of work	actory, street, affice b dg , etc	Leonardtown	Md.
21 I certi	fy that I took charge of	the remains described obove, l	neld an Autopsy 🕱	Inspection , Inquiry ,	and in my apinion
			icide , Homicide	x, Undetermined monner	
ACTUAL SIGNATURE	1 Ment	litily	M D ASSISTANT MEE	DICAL EXAMINER 🔀	22. DATE SIGNED
EXAMINER'S NAME (Type)	Rudiger Bre	itenecker, M.D.		AL EXAMINER t, city, town, or county)	11/13/66
230 BURIAL CREMATI	ON, 236 DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
Burial Specif		966 St. Francis		Compton 25b REGISTRAR S	Maryland SIGNATURE
		eonardtown. Marul			Men Judge

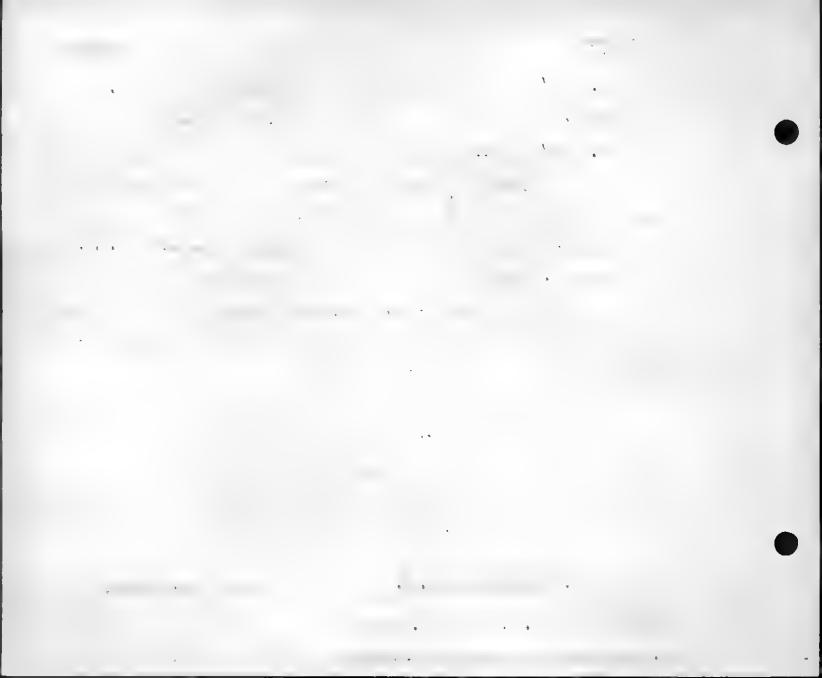
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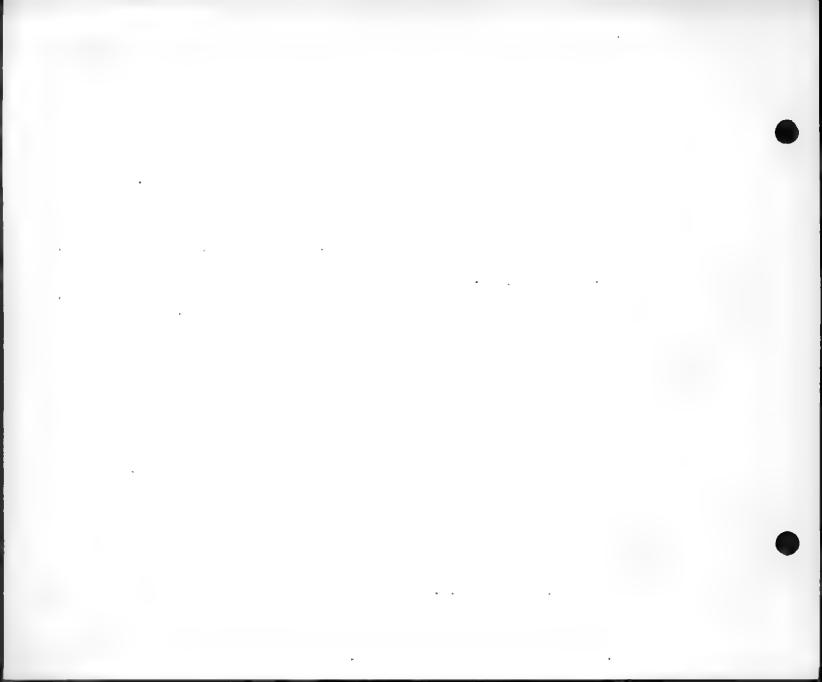
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			L	MISION OF STATIST	ICHE KESEP	INCII AIID KELOKO	, 001 111 1 1125	TOIL SIKEE	i, battimokt, i	IIMICI FAITE F	1201
2 -			16195			CERTIFIC	ATE OF DI	EATH		1	6194
by the funeral Pages: Frend 2 pursafter death.		i. Pl	ACE OF DEATH				2. USUAL R	RESIDENCE (Wh	ere deceased lived, i	Institution Resid	ence before admission)
funeral Frend er deat			COUNTY C.	M . 1 .		***	o. STATE	44	, ,	b. COUNTY	
子がを】			Jt.	Mary's		MARYLA			yland.		Mary's
1 8 E		b		outside carparate limits q ve nearest town)		c. LENGTH OF STAY IN 1	b c City OR	TOWN (It auts)	de corparate limits, s	write RURAL and 9	ve neores ! flown)
20 2			Leonardt					Rural	CLemena	FA	1:1
= 25 E	16	d.		L OR INSTITUTION (If no	t in hospital, a	ive street address)	d STREET A		Cana		e IS RESIDENCE ON A FARM?
nd completely filled in by the service carbon popers. Popers on event, within 72 hours		St. Mary's Hospital									YES NO NO
in the			AME OF	- Fin	st	Middle	Lost		4. DATE	Month	Day Year
1 pet 2			eceased ype or print)	Edu	har	James	Russe	11	OF DEATH NOT	vember	18. 19 66
900	1	S. SE		6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	1 8 DATE OF B		9 AGE (n		R 1 YEAR IF UNDER 24 HRS
0 2 0 1	1					DIVORCED			last b rt	1.7	Doys Hours Min.
P # 64	- /		ale	White	WIDOWED	L	- July 1			γες.	CITIZEN OF WHAT
2 z =		100 U	JSUAL OCCUPATION	Give kind of work done		ND OF BUSINESS OR Dustry	(1) BIRTHP	LACE (County &	State, or fareign count	(γ) 12 i	COUNTRY.?
ian		GDIIII	Farmi	no & (arper	rter "	03161	Cle	ments	Maru	land U	OUNTRY?
Ser.		13. F	ATHER'S NAME					R'S MAIDEN NA		-	
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est ř		15 1		IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	77 INFORMANT	Wanz	na tarr	Address	
.a. i.a. i.a.		(Yes,	no ar unknown) (If yes give year or dates a	service	*	17. INTOKINATO		(1.		M - 1 . 1
n, o			yes	ww I	21	4-34-2751	17. INFORMANT Mary Emi	Ly Rus	sell lie	ments,	Maryland
signed by the ottending physician and completely burial-transit permit. Then please romave carbor burial, cremation, or remaval, and if any event, wi			18. CAUSE OF DE	ATH (Enter only one cou	se per line for	(a), (b), and (ε),)	_				INTERVAL BETWEEN
± isr on			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TROBABLE CHREINCHIA LUNG ONSET AND DEATH								
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signed buriol-t buriol,			Canditions, if any,	b.t.b		BRUNCHIO					SYRS
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o b b			stating the under	ying cause DUE	10						
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as as			PART II. OTHER SIG	NIFICANT CONDITIONS CI	ONTRIBUTING 1	O DEATH BUT NOT RELATI	D TO THE TERMINAL	OISEASE COND	ITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED?
hos use as Ith pri		100	73 /	HIBETES.	MIZZK	1748 1	MINNYSL	50114			AEZ NO NO
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tage De		MEDICAL	20c TIME OF INJU Have a.m	RY Manth, Day, Year	20d. II While	IJURY OCCURRED 2	De. PLACE OF INJURY factory, street, affi		20f. (City or	town) (C	County) (State)
를 등 를 들		M.	p.m	10	at war		idelary, sheer, an	et blog , are j			2.
Affer d be d			21. I certif	v that (I) (this has	oital), atten	ded the deceased fr	m JAN	. 19	45 to 10	1. 18.19	(we) last
유민			saw the de	ceased alive and	NOV	7 1966 an	d that death oc	curred at	M. from	causes and on	the date stated above.
CTOR:		-	220. SIGNATURE		-						DATE SIGNED
3.5 ×.i×			220. SIGNATORE	1500	Les	Whele	M D PHYS.	NG DY N	AED. DIRECTOR PH		
e ge		-	22c. PHYSICIAN S	1	0 0 0		22d. A		IKECIOK - FII	13. —	
AL Po	1		NAME (Type)	AXXXXXXXXXX	XY YYYK	MeYMYYDY	220. 72		ENEXANCES Y	VARDOVADA	W.V
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	1			/N-0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NAME:	TANAN BA		734	V-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9		4 -
ect oui		230	BURIAL, CREMATIO	N, 23b. DATE THE	REOF	23c NAME OF CEMETE	RY OR CREMATORY		23d. LOCATION (C		(County) (Stote)
9 4		Be	REMOVAL (Specify)	Nov.20	1966	St. 7010	nh a		Mo	rganza, i	Md.
		24	FUNERAL DIRECTOR		, -,	ADDRESS ADDRESS		2So REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE
VR A15 (4) (1 20 M 1/66	U.S.	11)		attinoleu	1	rdtown Mar	1-1	DAKOV	2 1 1966	VCleare	es Judas
,,		VV a	LUUVE I	and in the second	Leona	aaroun. Illoh	wana.	26404	W 1000	-/-	4.4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before gamission) " St. Mary's b coungt. Mary's Maryland Page deoth MARYLAND Deportment b CIY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (if autside carparate limits, write RURAL and give negrest tawn). puo Texington Park RUBAT. California a NAME OF HOSPITAL OR INSTITUTION (If not in haspita, a ve street address) d SYREET ADDRESS S RES DENCE ON A FARM? hours (form n Item 18. Give Poges 1, Box 85. Route 2 Ofe YES NO 🗷 24 hours ofter death Office olong with 3 NAME OF First Middle 4 DATE Month Dov Year DECEASED 1066 Roadly OF. Nov. 18 Lucinda Schofield thin (Type ar print) DEATH S SEX 6 COLOR OR RACE 7 MARR ED X DATE OF BIRTH AGE (In years LNDex 1 YEAR IF UNDER 24 HRS NEVER MARRIED last-berthday) ≥ Manths Hours Female White -10 - 1948W DOWED DIVORCED gug 10a USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 C TIZEN OF WHAT dur na mast of working life, even if ret red)
Secretary folniby? Furniture Sales Greenwich. Conn. 13 FATHER'S NAME w thin pencil 14 MOTHER'S MAIDEN NAME Earle F. Schofield, Jr. Millie Kancruck and IS WAS DECEASED EVER NUS ARMED FORCES?
[Yes, na, ar unknawn] [(if yes give war ar dates af service) 16 SOCIAL SECURITY NO. 17 INFORMANT bill executed Address Box 85 Rt. 2 4 should be forworded to the Chief Medical permit. removol 215 50 0155 Earle F. Schofield, Jr .- California, Md. no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSEJ AND DEATH Ь IMMEDIATE CAUSE (a) This certificate shauld writing the word cremation, DUE TO Conditions, if any, which gove (b) rise to immediate cause (a), DUE TO stating the underlying couse 0 bur'al, 19 WAS ALTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION YES NO pe 0 20g EXTERNAL CALSE WAS PRIMARY FOR CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I as Part II of item 18.) prior should MEDICAL EXAMINER: CAUSE OF DEATH agent, I MEDICAL 20d INJURY OCCURRED 20c TIME OF NJURY Month, Day, Year 20e PLACE OF INJURY (Hame, farm (City or town) (County) (State) factory, street, office bldg etc.) While Nat While at wark 1900 Page at wark its designated 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my opinion the funeral director. Notural causes Accident XI, death resulted from. Suicide . Homicide 🗍 Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER moy be re FUNERAL I SIGNATURE Health or 455 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** W. H. Patrick, M.D. NAME (Type) Address (Street, city, tawn, or county) 23g BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 0 GREENWICH, CONNECTICUT 11/20/66 ADDRESS 25a REC D BY REGISTRAR 25b REGISTRAR S SIGNATURI VR A15ME (5) NOV 22 966 John Leonardtown, Md. 6M 1766 Weclch DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16197 CERTIFICATE OF DEATH death and campletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE b. COUNTY St. Mary's carban papers. Pages 1 ent, within 72 hours after MARYLAND CITY OR TOWN (If outside corporate imits. LENGTH OF STAY IN 16 write RURAL and give negrest town) Hollywood years Holluwood. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Box 218 YES NO J 3 NAME OF Middle DATE First Lost Doy Year DECEASED OF (Type or print) DEATH 5 SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF JNDER 7 MARRIED NEVER MARRIED last birthday) Months Dovs Hours WIDOWED Female DIVORCED Vov. 5. 1915 10a USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 31 BIRTHPLACE (County & State, or foreign country) during-most of working life, even if retired) COUNTRY? signed by the attending physican burial-transit permit Then please INDUSTRY leacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO (Yes, no, or unknown) ((If yes give wor or dates of service Box 218 Hollywood Md burial, crematian, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physician. DIJE TO Conditions, if any, which gove (b) rise to immediate couse (a), **DUE TO** far use as the b f Health priar ta b stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) Dept. af i OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While While at work shauld be 21. I certify that (I) (this haspital), attended the deceased from Page 4 may be retained ond that death occurred at M, fram causes and on the date stated above saw the deceased alive on. 22o SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. director, page should be filed 22d, ADDRESS 22c. PHYSICIAN'S William H. Patrick M. NAME (Type) 236 BURIAL, CREMATION,

The law requires that the death certificate be executed within 24 hours after death

24. FUNERAL DIRECTOR

REMOVAL (Specify)

Leonardtown.

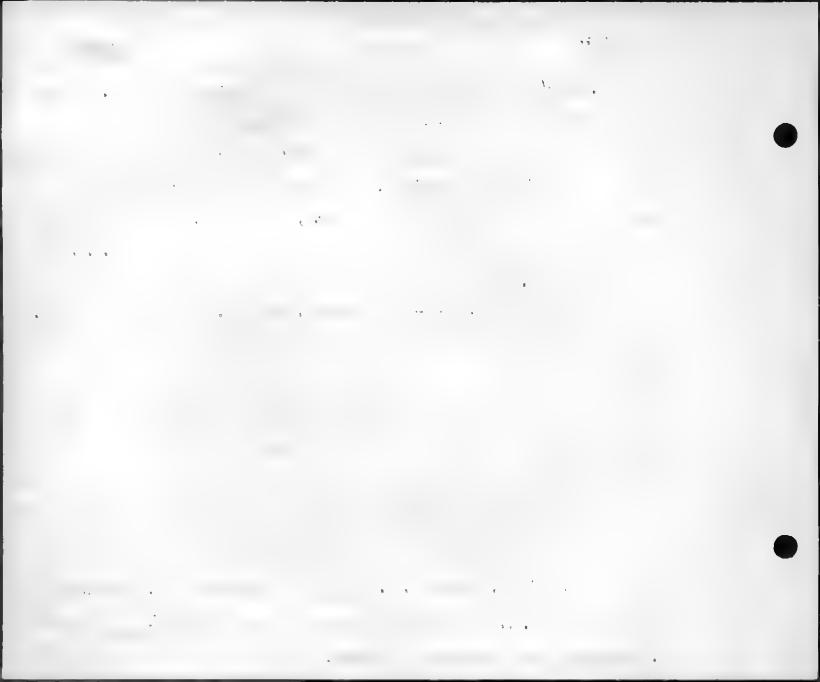
23c NAME OF CEMETERY OR CREMATORY Trinity Menocial

Gardens

DATE

23d. LOCATION (City or Town)

(County) (Stote) Maruland.



W. Clarke Mattingley Leonardtown, Maryland

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been VR A15 (4) \ 20 M 1/66

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deoth.

after

72 hours

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physicion and completely filled in by the funeral

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death



FOR STATE P.M.3. Page d within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm This certificate shauld be executed within 24 hours after death. If

"pending"

necessary, please execute the certificate, writing the ward

VR ATSME (5)

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6199

	o. COUNTY ST.	MARY,S		MARYU	AND	2. USUAL RESIDENCE O. STATE MARYLAN	D	ST.	MARY.	S		
	b. CITY OR TOWN Write RURAL OF DAMER	(If outside corporate limited give nearest town) ON RURAL	ts,	c. LENGTH OF STAY IN	1b		autside corpor		At and give	10	8.1	
Ò	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	at in haspital, (give street address)		d. STREET ADDRESS				e. I	S RESIDENCE DN FARM? NO	
	3. NAME OF DECEASED (Type or print)	AL]	irst CUR	Middle EDNA T	ROSS	Lost	4. DATE OF	Mont NOVEMBE		Doy	Year 19 66	
	S. SEX	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	□ B.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1		UNDER 24 HRS. Hours Min.	
·	PENATE 10o. USUAL OCCUPATIO during most of working HOUSEKE 13. FATHER'S NAME	N (Give kind of work done g life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY		8-26-1901 11. BIRTHPLACE (STO MARYI. 14. MOTHER'S MAIDE	AND	65 yrs.	COL	ZEN OF WINTRY?		
	CHARL	CHARLES MCKAY					RUTH BOHANAN					
	IS. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dates		SOCIAL SECURITY NO.		FORMANT LIAM HENR	SS A WEYDON	ERON MD.				
	Conditions, if on- rise to immedio stoting the undi- lost.	y, which gove		(o), (b), and (c).) Caro-	ne	y Sinfo	retu			ONSET		
0	PART II. OTHER S		CONTRIBUTING 1	TO DEATH BUT NOT RELAT	TED TO TH	E TERMINAL DISEASE	CONDITION GIV	EN IN PART 1(o)			AS AUTOPSY REFORMED?	
200	200. EXTERNAL CO PRIMARY OF CO CAUSE OF DEATH.	ONTRIBUTING	20b. DE	SCRIBE HOW INJURY OCC	URRED. (E	nter noture of injury	in Port I or Po	rt II of stem 18.)				
	Hour o.	JURY Month, Doy, Yeor .m. 19	20d. If While of worl	Not While		OF INJURY (Home, for y, street, office bldg., e		(City or town)	(Cou	nty)	(State)	
	21. I certit death resul			nains described abo		le 🔲, Homici	de 🔲 , l	ian K , Inqu Indetermined m	anner _	and in	n my opiniar	
	ACTUAL SIGNATURE	CHI	0/3	Bayol		M.D. ASSISTANT N	CAL EXAMINER MEDICAL EXAMII	the state of the s		22.	DATE SIGNED	
2	EXAMINER'S NAME (Type)	WM.D.BOYD	M.D. /				DICAL EXAMINEI reet, city, town		MARYS	11,	/9/66	
	230. BURIAL, CREMATI	11/2	EREOF LO/66	23c. NAME OF CEMETE ST.MIC		S CHIM.	Ī		GE, MAI		(Stote)	
	JOHN M.	minere	NARDTON	ADDRESS		25o. RI	ECD BY REGIST		Clean		edge.	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH LEONARDTOWN NEVER MARRIED DIVORCED 10b. KIND OF BUSINESS OR

I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY STOUNIYARY'S ST. MARY S
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEON A ROTOWN d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO K ST. MARY'S HOSPITAL LEONARDTOWN 3. NAME OF 4. DATE Month Year DECEASED NOVEMBER 14 19 66 (Type or print) DEATH YOUNG IF UNDER I YEAR IF LINDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years lost birthdoy) Hours NEGRO FEMALE 12-17-1911 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working lite, even if retired) COUNTRY? MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NEAL COLTON YATES ELEANORA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes no, or unknown) (If yes give wor or dates of service STEPHEN R. L. YOUNG LEONARDTOWN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) factory, street, office bldg., etc.) of work of work 21. I certify that (I) (this hospital) attended the deceased from 19____, ta , 19 , that (I) (we) lost M, fram causes and an the date stated above saw the deceased alive an and that death occurred at_ 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 11.16.66 DIRECTOR 22d. ADDRESS 22c. PHISICIAN'S I.EONARDTOWN MARYLAND 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 11-17-66 OUR LADY'S CEM. ST MARY!S COUNTY

25b. REGISTRAR'S SIGNATI

BY REGISTRAR

DATE

2 and 2 the death certificate be executed within 24 hours after death and campletely filled in by the funeral remove tarban papers. Pages 1 and oan papers. Pag within 72 haurs event, n any ev andin please physician signed by the attending phy 9 crematian, burial ar attending t to this certificate has been Health prior for the haspital af detached TO FUNERAL DIRECTOR: After Àq be retained shauld director, page 3 shauld be filed w TO HOSPITAL (Page 4 may b

16200

24 FUNERAL DIRECTOR

JOHN M. WELCH - LEONARDTOWN . MD.

B(S)1